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APR 14 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation
☐ Other

Explain: _____

☐ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____
END DATE ____/____/____

FOR OFFICE USE ONLY

FILE No. CS4-01153CTCL 5611 WRIA 39
DATE ACCEPTED 04/15/2009 BY [Signature]
FEE \$ [Signature] REC'D 04/14/2009
CHECK No. _____
SEPA: ☐ Exempt ☐ Not exempt

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME Gwen Rock	PHONE NO. (509) 925-4919	FAX NO. ()
ADDRESS 1871 Vantage Hwy		
CITY Ellensburg	STATE WA	ZIP CODE 98926 - 9011
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
	()	()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER 01153	RECORDED NAME(S) Bob A. Rock & Gwen C. Rock
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

WATER RIGHT NO. _____ FILE (contract) NO. _____

CS4-01153CTCL 5611

**WR Doc ID:
4618139**

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): BPA Manastash Creek Instream Flow Enhancement Grant	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Abandoned Anderson Dam – Manastash Creek		SW	NE	7	17 N	18 EMW		

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.047		April 1 – June 30
Irrigation	0.024		July 1 – October 31
Irrigation		14.33 ac/ft	Annually
Stock water	0.01	1 ac/ft	Annually

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream Flow Enhancement in Manastash Creek	14.33 ac/ft
Instream Flow Enhancement in Manastash Creek	1 ac/ft

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
POU: The west 315 feet of the NW1/4 NW1/4 of Section 8, T. 17 N., R. 18 E.W.M.							
POD: 1200 feet north and 1200 feet east from the center of Section 7, being within the SW ¼ NE 1/4of Section 7, T. 17 N., R. 18 E.W.M.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NW	8	17N	18E. W.M.	Kittitas	788433	2 acres under water right
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
The water right is being trusted to the State Trust Water Program for instream flow enhancement in Manastash Creek.

7. Remarks and Other Relevant Information:

This water right donation is contingent upon the completion of a cost share project with the Kittitas County Conservation District to pipe the applicant's Kittitas Reclamation District irrigation water.
This Trust Water Right Application seeks a transfer of a portion of the water right to be used exclusively for instream flows for fish maintenance and enhancement, recreational uses and preservation of environmental and aesthetic values as allowed under RCW Chapters 90.03. 90.42 and 90.58. Since this transfer is for a non-consumptive purpose and would provide a substantial benefit to the natural environment, we request expedited processing under WAC 173-152-050(2)(b) and (3)(a).
Please copy the Kittitas County Conservation District on all application correspondence at: Attn. Sherry Swanson, 607 E. Mountain View, Ellensburg, WA 98926.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

	<u>4/13/09</u>
(Applicant)	(Date)
	<u>4/13/09</u>
(Water Right Holder)	(Date)
	<u>4/13/09</u>
(Land Owner(s) of Existing Place of Use)	(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____

ATTACHMENT FOR
APPLICATION TO ENTER A WATER RIGHT INTO
THE TRUST WATER RIGHT PROGRAM

Point(s) of Diversion/Withdrawal - ☒ Existing ☐ Proposed:

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